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The Role of Occupational Therapy in Supporting the Needs of Older Adults who Identify as Lesbian, Gay, Bisexual, and/or Transgender (LGBT)

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The Role of Occupational Therapy in Supporting the Needs of Older Adults who Identify as Lesbian, Gay, Bisexual, and/or Transgender (LGBT)

Abstract

There are growing numbers of older individuals who identify as lesbian, gay, bisexual, and transgender (LGBT) who are in need of health care services provided by culturally and clinically competent providers, including occupational therapists. The LGBT community presents with unique needs and circumstances that impact occupational therapy (OT) practice. This Opinions in the Profession article presents an overview of the unique narratives of and special considerations for LGBT older adults that the OT profession needs to address to meet the needs of this population and improve our service delivery. We assert essential implications for OT practice and education to better support the needs of LGBT older adults and strategies for occupational therapists to promote culturally and clinically competent care and serve as agents of change in practice.

Comments

The authors declare that they have no competing financial, professional, or personal interest that might have influenced the performance or presentation of the work described in this manuscript.

Keywords

sexual orientation, cultural humility, cultural competence, clinical competence

Credentials Display

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The growing population of older adults in the United States includes a concurrent rise in the number of older individuals who identify as lesbian, gay, bisexual, and transgender (LGBT) individuals. There will be over seven million LGBT adults 65 years of age or older by the year 2030 (Advocacy and Services for LGBT Elders, 2020). Although the needs of LGBT elders may not differ from their heterosexual peers with regard to the aging process, varied factors need to be considered to ensure the delivery of best occupational therapy (OT) practice. Issues related to inclusivity, social support networks, mental health concerns, and health disparities all impact OT service delivery for LGBT older adults across the continuum of care. LGBT older adults are in need of health care services provided by culturally and clinically competent providers, including occupational therapists across all practice settings.

Clinical competence is the ability to apply knowledge and skills for carrying out professional roles and duties with sound judgement that promote positive outcomes for clients (Kak et al., 2001). Cultural competence includes a set of skills that foster inclusivity and acceptance of individual differences and preferences (American Occupational Therapy Association [AOTA], 2018). In clinical practice, competency requires the integration of knowledge, skills, and attitudes to meet an individual's social and cultural needs (Donaldson & Vacha-Haase, 2016). The ability to act and deliver culturally and clinically competent services for LGBT older adults requires understanding of the unique life journeys, needs, and circumstances LGBT older adults have encountered and face in their daily lives (Lecompte et al., 2020). A critical question related to practice is: What does this entail for the OT profession? Are we knowledgeable and prepared to provide clinically and culturally competent services to this growing community? Do our education and professional development programs prepare us adequately with the knowledge and skills needed? Do our clinical environments adequately meet the needs of and promote an inclusive safe environment for the LGBT community to receive services?

Clinically competent OT services encompass many attributes that go beyond the implementation of sound evidence-based and client-centered care. The occupational therapist should possess skills of cultural humility and cultural sensitivity (Aldrich & Grajo, 2017). Tervalon and Murray-Garcia (1998) defined cultural humility as the “lifelong commitment to self-evaluation and self-critique, to redressing the power imbalances in the patient-physician dynamic, and to developing mutually beneficial and nonpaternalistic clinical and advocacy partnerships with communities on behalf of individuals and defined populations” (p. 117). Cultural sensitivity is “employing one’s knowledge, consideration, understanding, respect, and tailoring after realizing awareness of self and others and encountering a diverse group or individual” (Foronda, 2008 p. 210). The definition of cultural competency continues to evolve. Aldrich and Grajo (2017) and AOTA’s (2018) statement on “Cultural Competence and Ethical Practice” expanded the definition and understanding of cultural competency not only to include awareness, knowledge, and acceptance of other ideas, but also to represent cultural humility and cultural sensitivity. Agner (2020) presented the case for a transition to a cultural humility paradigm for OT practice and emphasized exploration of biases and openness to learning, and highlighted how clinicians should feel comfortable acknowledging their own need to make changes in both knowledge and attitude (Agner, 2020). Both cultural humility and sensitivity warrant a degree of self-awareness and self-reflection of one’s own biases, insights, opinions, and feelings. These skills uphold ethical standards, opinions, and principles and represent true cultural competence. There is a critical need to examine and build the capacity of occupational therapists to deliver culturally aware and competent clinical practice

with LGBT older adults. The first step is better understanding of the life journeys, narratives, and historical perspectives of LGBT older adults.

The LGBT Older Adult Story

The challenges the LGBT older adult community endured over the years have created unique circumstances in social, medical, and environmental contexts. The 65 years of age and older LGBT population is the first generation whose lives were changed by the Civil Rights Act of 1964, the Stonewall riots in 1969, the gay liberation movement, the acquired immunodeficiency syndrome (AIDS) epidemic, and, most recently, the legalization of same sex marriage (Abbruzzese & Simon, 2018; Yarns et al., 2016).

Even in this community, there may be vast differences between those individuals over 90 years of age (sometimes referred to as the “old-old” generation or the “Invisible Generation”), those born in the 1930s and 1940s (known as the “Silent Generation”), and the baby boomer or “Pride” generation (i.e., those born between 1946 and 1964) (Movement Advancement Project and SAGE, 2017; Advocacy and Services for LGBT Elders, 2020). Each of these groups may present with distinct and, perhaps, different needs and issues (Choi & Meyer, 2016; Fredriksen-Goldsen, Bryan, et al., 2017). Many older LGBT adults report having secret lives that were closeted and being forced to live altered lifestyles, with some unable to reveal their sexual orientation to friends, colleagues, or even family (Movement Advancement Project and SAGE, 2017). Social lives, marriages, work, and family relationships that were often strained have had a great impact on their physical and mental well-being (Lecompte et al., 2021). Many experienced years of discrimination, harassment, and abuse that often lead to social isolation and mental health issues (King & Richardson, 2015).

Oswald (2019) used life history interviewing combined with poetry writing to capture and tell the story of George, a 65-year-old gentleman, and his journey through life as a gay man. His story illustrates the impact certain circumstances and life events had on his lifestyle, relationships, and the challenges he endured. George speaks about his adolescence when he notes, “I think I skipped adolescence and went from 15 to 21” (p. 1612). Oswald (2019) recounts George’s emotions during his adolescence when George comments, “I was 16 and my mother didn’t understand” (p. 1613). This resulted in George moving out of his home at the age of 16. During early critical years of development, many in this community were faced with challenges that were quite different from their peers (Steelman, 2018). For example, homosexuals were often considered mentally ill and with sociopathic personality disturbance (Kinney, 2015). Members of the LGBT community were estranged from family, isolated because their peers did not accept their gender identity or sexual orientation, and lived with fear of discrimination and harassment (Understanding Issues Facing LGBT Older Adults, 2021). Physical, mental, and social well-being in later life may be impacted by identity challenges and the struggles a person endured at a young age.

The “minority stress theory” provides a perspective on the influence varied factors have had on the physical health and psychological well-being of LGBT older adults (Branstrom, 2017; Meyer, 2003). This theory suggests that long time exposure to victimization, discrimination, rejection, and prejudice are sources of stress that lead to physical and mental health issues and concerns often seen in the LGBT community (Branstrom, 2017; Meyer, 2003). Years of adverse encounters and concealment of one’s true identity are thought to be contributing factors to higher rates of chronic medical conditions, such as cardiovascular disease, chronic obstructive pulmonary disease, arthritis, and mental health disorders,

including depression and anxiety, seen in this population (Branstrom, 2017; Fredriksen-Goldsen et al., 2013; Meyer, 2003).

The influence of these lifelong challenges and stressors has now shifted to a more positive view examining the impact and need for resilience in the LGBT community. The Health Equity Promotion Model provides an alternative perspective (Fredriksen-Goldsen et al., 2014) and proposes the positive aspects of lifelong stressors. In this model, lifelong stressors result in a degree of resilience and actions (e.g., the use of coping mechanisms), development of LGBT community connections, and involvement in advocacy, and may lead to improved health outcomes for the LGBT community (Fredriksen-Goldsen, Kim, et al., 2017). Both the minority stress theory and the health equity promotion model provide contrasting views of the influence life experiences can have on physical and mental well-being (Kim et al., 2017). The unique circumstances endured by the LGBT older adult throughout life, whether positive or negative, seem to have a lasting impact on the aging process and may ultimately have implications for OT practice.

The Occupational Profile of LGBT Older Adults

Insight and awareness of the needs of the LGBT older adult community and the impact on occupational performance and participation should drive OT practice. Not only are they impacted by age related changes impacting occupational performance, but this group has additional obstacles to overcome. Many LGBT older adults have challenges because of health disparities, varied social situations, networks, and the systemic encounters they face in the health care system. Literature on the LGBT aging community highlights the physical and mental health disparities compared to their heterosexual peers (Fredriksen-Goldsen, Kim, et al., 2017). Increased rates of disability, chronic health conditions, and higher rates of mental health disorders, including depression, anxiety, and substance abuse, are well documented (Branstrom, 2017). Social networks and support systems in this community tend to be limited, as fewer individuals are married or have children, and most live alone (Brennan-Ing et al., 2014; Erosheva et al., 2016). Challenges may arise when seeking inclusive housing or long-term care options for LGBT older adults (Donaldson & Vacha-Haase, 2016). Occupational therapists should be aware and knowledgeable about how health disparities, chronic physical health conditions, mental illness, and challenging social networks impact the occupational profile of LGBT older adults. How do these elements influence occupational performance and participation? Are these considerations influencing OT clinical practice? Table 1 provides an overview of an ecological perspective to the occupational narratives and journey of LGBT older adults and the impact on the occupational profile of LGBT older adults.

Table 1

Occupational Profile of LGBT Older Adults

Person	LGBT older adults present with varied age-related system changes impacting physiological, psychological, motor, cognitive, and/or spiritual functioning. Their increased risk of health disparities creates a critical need for accurate screening, comprehensive evaluation, intervention, and appropriate referral processes.
Environment	LGBT older adults are faced with “environmental challenges,” given their social support networks, social determinants, existing physical and social environments, and health and legal policies in place (Lecompte et al., 2020). Dilemmas and conflicts may arise when LGBT elders are faced with “environments” that are not inclusive and do not consider the needs of this population (Donaldson & Vacha-Haase, 2016). For example, a partner may not be accepted as next of kin because of policies that exist in certain environments. Some will forgo needed assistance for fear of home care workers and caregivers who are not culturally competent and may not be accepting of their lifestyle.

Occupational Performance

There are varied needs and wants of LGBT older adults who are contending with changing roles and goals based on their level of functioning; needs at home, in the community, or at work; stage of life; and adaptation to the aging process (Abbruzzese & Simon, 2018). Functional levels vary greatly and are influenced by environment and person factors. Clients may not want to pursue avenues such as therapy or be open to strategies to facilitate increased function. Additional barriers and constraints create challenges in facilitating optimal occupational performance and participation.

Health Care Challenges for LGBT Older Adults

Our present health care system may not always be sensitive to or capable of adequately meeting the needs of this population because of a lack of culturally competent health care providers and settings. The high rates of chronic diseases and conditions are also thought to stem from avoidance of the health care system because of fears of bias and discrimination (Fredriksen-Goldsen, Kim, et al., 2017). The LGBT community also has lower rates of routine, preventative care, and screenings often resulting in adverse outcomes (Qureshi et al., 2017). The fear of being confronted by insensitive providers, bias, and discrimination has resulted in ill effects with avoidance of health care services. Individuals often reject services, such as home care, social interventions, and even therapy (Fredriksen-Goldsen, Kim, et al., 2017). Our role as health care providers, our code of ethics, and our professional responsibilities must ensure we are culturally and clinically competent to care for our clients (AOTA, 2015).

Many of the health care challenges of LGBT older adults impact OT service delivery across the continuum of care (e.g., hospitals, skilled nursing facilities, rehabilitation centers, home care, outpatient, and community settings). LGBT older adults often speak of health care environments that are not inclusive or LGBT friendly (Abbruzzese & Simon, 2018; Twinley, 2014). Our systems and environments assume heterosexuality in both design and function. For example, up until recently intake and registration forms did not include sexual or gender identifiers that were inclusive, and individuals are often assumed to be heterosexual (Lecompte et al., 2020). Challenges arise when LGBT older adults are confronted with housing concerns, hospital or rehabilitation stays, and even long-term care placement. Changes are slowly occurring and more recently health care environments are using inclusive signage and symbols that are welcoming and free of discrimination or bias. Despite these changes there are still considerable issues or assumptions that need to be addressed to ensure this community is receiving culturally and clinically competent care.

OT Roles and Challenges

Occupational therapists should be prepared to address the needs of the LGBT older adult community in order to serve as agents of change using cultural humility, cultural sensitivity, and clinical competence as a guide. McGeorge and Carlson (2011) highlight the importance of being or becoming an LGBT affirmative therapist by exploring one’s own perspectives of heterosexism privileges, assumptions, and identity. Therapists may have difficulty providing sound culturally and clinically competent interventions without being aware of or fully understanding the issues and challenges faced by the older LGBT population. The need for cultural humility to increase the understanding of LGBT older adults is key and a first step in being an agent of change.

Being mindful of the unique circumstances and creating therapeutic environments that are inclusive will facilitate and foster best practice. Increased awareness of LGBT needs for preventative care; health promotion; and wellness in safe, inclusive environments is key. Referrals and resources to LGBT “competent” providers, settings, and programs should be available. Mindfulness to social support networks, changes in our forms, communication and terminology usage, and the evaluation processes to

include outreach to “families of choice” and varied social support networks need to be included in OT practice (Lecompte et al., 2020).

Our scope of practice includes an in-depth assessment of and interventions for activities of daily living (ADLs). As indicated in the previous section, the LGBT older adult population have unique occupational profiles. Some topics including dressing or sexuality concerns, to which we must be knowledgeable and sensitive. Addressing varied ADLs and occupations require an open, non-judgmental approach (Beagan et al., 2013; Swiatek & Jewell, 2018). Sensitivity for ADLs issues related to dressing, grooming, or sexuality may arise, and a therapist may be unsure how to address a concern in a culturally and clinically competent manner (Sharber et al., 2018). For example, one may encounter needs of the transitioning transgender individual who may experience dressing challenges, adapting to new styles, and who needs to manage different types of clothing or accessories. This may be a unique circumstance for a clinician who is unsure, uneasy, and needs to feel clinically and culturally sensitive and competent.

Walker et al. (2020) developed the Occupational Therapy Sexual Assessment Framework to serve as a guide for clinicians to better understand the occupational nature of sexuality and intimacy. The Occupational Performance Inventory of Sexuality and Intimacy (Walker et al., 2020) was based on this theoretical framework to further explore sexual functioning and expression and facilitate needed screening, assessment, and intervention in areas related to this role and performance skill. Having a framework and validated assessment tool may help promote clinical competence in this area of practice.

Therapists need to be aware of their knowledge and acknowledge their own comfort level with sensitive issues. Identification of the occupational therapists’ own learning needs and skill set is inherent to this area of practice. How can we foster and increase our own comfort levels with certain topics and circumstances, and as a profession address and facilitate this process? These issues highlight the importance and impact of cultural humility and cultural sensitivity. The need to be aware of one’s comfort level, knowledge, and skill to ensure needs are met adequately and to ensure best practice is being delivered. Table 2 highlights the process faced by occupational therapists in clinical practice with LGBT older adults and some strategies to build capacity and foster LGBT clinical and cultural competence, humility, and sensitivity.

Table 2
Needs, Challenges, & Strategies for Change

LGBT Older Adult Occupational Needs	Challenges for Occupational Therapists	Strategies to Build Capacity
– Need for inclusivity	– Lack of LGBT clinically competent providers or facilities	– Increase knowledge and awareness through continuing education and in-services
– Care and treatment that is free of bias and prejudice	– Lack of inclusive environments	– Knowledge translation through the use of evidence-informed practices
– Connection to LGBT friendly older adult community	– Knowledge of LGBT friendly community resources	– Modify forms and patient education handouts
	– Policies and regulations that guide	– Promote changes with site and program administration

What the OT Profession Can Do

A Review of the OT Educational Curricula

Implications for the OT profession include a review and revision of our educational curricula and professional development programs. Diversity, inclusion, and equity are priorities for AOTA, and LGBT related issues need to be addressed in OT education, clinical practice, and research (AOTA, 2020a). Constructs of LGBT competence, including cultural awareness, cultural humility, and cultural dexterity should be embedded in OT curricula design, learning outcomes, and instructional strategies (AOTA, 2020a, 2020b). Presently, LGBT curriculum topics do not seem to be addressed adequately or consistently across educational programs. OT curricula should include LGBT related topics across developmental age groups and practice areas as part of the commitment to diversity, inclusion, and equity (AOTA, 2020a). Training opportunities for faculty may help facilitate and address the integration of this content into curricula. It is our professional responsibility to ensure opportunities exist for learning and skill development, and resources should be readily available and accessible to students and the OT community. More recently, information has been included in textbooks, clinical practice has expanded with this population, and increased presence of professional presentations on LGBT issues and community of practice groups have been initiated, which are all positive avenues for change and need to continue.

A Review of Accreditation and Licensure Requirements

Other areas that could be expanded to ensure competency with this population include accreditation standards and licensure requirements. Presently, occupational therapists may participate in interprofessional competency programs, but there is no literature to date on any LGBT competency program that has been developed or implemented specifically for occupational therapists. Some professions, including psychology, have mandated accreditation standards or have published position statements to include content on diverse and minority populations, including physical therapy and medicine (American Geriatric Society Ethics Committee, 2015; Boroughs et al., 2015; Copti et al., 2016). A recent article by AOTA (2020a) pledged a commitment to diversity, inclusion, and equity, and included attention to the LGBT community. To establish and maintain educational standards for the profession of OT, the Accreditation Council on Occupational Therapy Education standards should include and explicitly state how occupational therapists are able to address the growing LGBT community's physical, mental health, environmental, and social needs.

Licensure should require LGBT competency education and training for all occupational therapists. It is often difficult to address the needs of all diverse and marginalized communities encountered in clinical practice, but given the societal and political climate in conjunction with the growing community of LGBT older adults, who are now more visible to health care providers, there is a need to include strategies for facilitating and cultivating OT practice with the LGBT community.

Knowledge Translation and Practice Changes

Many health care professions have taken initiatives to address the needs of the LGBT community; but, in particular, the needs of the LGBT older adult community (American Geriatric Society Ethics Committee, 2015). OT is part of this movement to expand our role in becoming agents of change. The mission of the Coalition of Occupational Therapy Advocates for Diversity (COTAD) is to "increase JEDI, anti-racism and anti-oppression for a more transformative occupational therapy profession" (n.d., para 1). Efforts are geared toward empowering occupational therapists to be culturally competent and advocate for the LGBT community. Educational resources and tools are available to

foster LGBT competence and develop ideas for creation of more inclusive environments that ensure accessibility to quality health care (COTAD, n.d.). AOTA's Network for LGBTIA+ Concerns in Occupational Therapy (<https://www.otnetworkmembers.org>) is another group dedicated to addressing not only the needs of LGBT individuals, but also of occupational therapists. Their mission includes advocacy, creating and sharing resources, and promoting and advancing practice and research with the LGBT community (<https://www.otnetworkmembers.org>).

To address the paucity of knowledge regarding the issues and concerns of this population, we need to make changes in our education and training of both faculty and students. Cultural humility should be encouraged and opportunities to become more culturally and clinically competent are needed. The needs, concerns, and LGBT narrative history should be more visible in our education and training.

Clinical practice should focus on the development and implementation of OT services in institutions, long-term care facilities, and community-based settings for LGBT older adults that are culturally and clinically competent. Interprofessional collaboration with LGBT competent health care providers and networks across the continuum of care will also expand OT's role with this community. Resources need to be developed and readily available to clinicians. Increased number of professional presentations would also serve as an avenue to facilitate LGBT competency. Efforts should be made by occupational therapists to create LGBT friendly environments by (a) promoting the use of proper terminology, (b) revising forms and assessments to ensure inclusivity, and (c) ensuring patient education handouts are gender neutral. Clinicians should be encouraged to serve as advocates for this population across the continuum of care. All of these mechanisms will foster improved OT service delivery. Table 3 provides an overview of some steps the OT profession can take to support the needs of LGBT older adults.

Table 3

Steps to Facilitate LGBT Inclusive and Competent Care

Professional Domain	Steps to Support the Needs of LGBT Older Adults
OT Educational Curricula	<ul style="list-style-type: none"> – Inclusion of LGBT health content in curriculum and textbooks – Use of LGBT older adult narratives for case-based learning
Fieldwork Experiences	<ul style="list-style-type: none"> – Promote interprofessional collaboration with LGBT providers – Foster relationships with LGBT older adult networks and community programs for clinical experiences
Clinical Practice	<ul style="list-style-type: none"> – Inclusive LGBT friendly environments – Proper use of terminology – Modification of patient education handouts – Serve as advocates for LGBT older adults

Occupational therapists need to serve as agents of change. Increasing our knowledge of the needs of the LGBT older adult community, skill and program development, changes in clinical environments, advocacy, and self-exploration and reflection of our own implicit biases will help improve OT service delivery. In order to meet the needs of the LGBT older adult community, steps and changes need to be made to ensure OT practice is available and delivered by culturally humble, sensitive, and clinically competent occupational therapists.

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